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Original Lectures.

NARCOLEPSY.

AN EXTRACT FROM A LECTURE DELIVERED AT THE HAHNEMANN COLLEGE OF CHICAGO, BY PROF. H. B. FELLOWS., M. D.

The case of Mr. S. B. was sent me by Dr. Mirick, of Monticello, Iowa. The patient is 23 years of age, a well-built, rugged young man, whose general condition except in the respect to be mentioned, is especially good. He has of late been at work in a creamery, and is quite equal to all of the work so far as strength and endurance are concerned.

When he was 15 years old, and attending school, he first began to show a morbid inclination to suddenly go to sleep. As he relates, he would frequently while sitting in his seat drop to sleep. The sleep would last an indefinite time if his sister who sat just behind him, or some one else did not arouse him. His sister would watch him and as soon as she perceived that he had gone to sleep would touch and speak to him, which would at once arouse him. Soon, however, he would go to sleep again. This condition was so marked that he had to leave school, and it has followed him ever since. When at work in the field plowing, if he stopped the horses for a minute he would immediately fall asleep, and even when walking behind the plow would

also go to sleep. At his work in the creamery the same phenomenon would occur. He will, and always has been aroused from this condition easily. If the machinery in the creamery makes any different noise from what is usual, he says he becomes conscious at once.

If he has lost any sleep the night before, or has become unusually fatigued from any reason, the morbid inclination to sleep is much increased, the spells coming oftener, and lasting longer at a time. The duration of each spell is from a few minutes to an hour or more if left to itself.

He has some power to resist them, but the power is far from complete. He says he can often resist the onset of an attack but only for once; the next onset will overcome him.

He is mentally quite up to the young men of his class, and as far as I perceived, showed no peculiarities in this respect. He had never had any severe fits of sickness. The only events in his life to which I could trace any causal relation were some falls severe enough to have jarred the nervous centre somewhat severely, but which left no outward marks, and which were not immediately followed by this peculiar state. No hereditary cause was found.

One of the first questions that will come to your minds in regard to this case is, "Is it a case of *petit mal?*" It has some of the features that you have been taught are prominent in this form of epilepsy. As it has no convulsions, other forms of epilepsy, as *grand mal* and hystero-epilepsy, need not be directly considered. Like an attack of *petit mal*, this comes on suddenly and disturbs the consciousness, causing a more or less complete loss of it. There is in this case, however, not the complete loss of it which so generally occurs in any form of epilepsy, for the patient can easily be aroused at any time from his unconscious state. I questioned him quite sharply, to see if any one had tried to arouse him, and failed for a time, and he was very positive that he could always be aroused easily when in this condition.

I have often told you in this clinic how frequently patients and their friends are deceived on this point, that they often have unconscious spells for years without either party being aware of the fact of a total loss of consciousness for the brief time that this phenomenon lasts, and have shown you cases in which the truth was not known to them until I pointed out the fact, and showed them the proof. But this young man is positive on this point, that he can be aroused at any time, and brought back to full consciousness, and it appears to me that he is intelligently so. Not having seen him, however, in any of the attacks myself, I cannot speak from personal knowledge on this point. The fact that a slight variation of the noise of the machinery in the creamery will rouse him, or earlier in the disease that a slight touch by his sister, when they were at school, would do the same, shows this rather to be the unconsciousness of sleep than of *petit mal.* We cannot, then, diagnose the disease as epilepsy.

Epilepsy sometimes has a somnolent aura; but as this somnolent aura will certainly be followed by some of the other phenomena of epilepsy, such as the convulsive movements, or mental derangement, it seems impossible to think this case of that nature.

It is not catalepsy, for it lacks entirely the peculiar wax-like rigidity of the muscles which occurs in that disease. The recurrence of the attack, and its brevity, distinguish it from trance.

Some cases are said to have terminated in epilepsy, which began with these somnolent attacks. Possibly they were of that nature from the first, the convulsive part of the attack for some time being absent, or slightly marked, and the sleep being only the usual sleep of epilepsy. But against this view is the length of time this case has lasted, and no well-marked epileptic features appearing yet. As these attacks of sleep have been of daily occurrence, and several a day, if they had been epileptic the mind would almost certainly show signs of weakness, but the patient is bright and of good memory.

No symptoms are present to show any intra-cranial growth.

We must conclude, then, that it is a case of pure Narcolepsy.

We can give no pathology of the case, except to class it with the the neuroses.

Belladona was given this patient. Opium would suggest itself, also. Glonoine and caffeine are said to have done some good in these cases given antipathtically. A change of climate has also been advised, probably for its alterative effect on the system, or in cases where the general health of the patient was not up to par—or, because the physician wanted some one else to see the patient.

GYNECOLOGICAL SURGERY.

EXTRACTS FROM PROF. LUDLAM'S CLINIC IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, SESSION OF 1889–90.

RENAL INADEQUACY AS A CONTRA-INDICATION FOR HYSTERECTOMY IN UTERINE CANCER.—This table-case, 20,565, was before the class on Wednesday, January 22. She was first sent to this clinic four years ago by Dr. B. D. King, of Muskegon, Mich., who had recognized a cervical epithelioma, and advised her to come here for operation. I then curetted and cleansed the cervix-uteri very thoroughly, and explained to the class my reasons for stopping short of more serious and radical measures. Indeed, at that time, 1885, I had never made a vaginal hysterectomy by Péan's method without ligatures, and the results by the upper or abdominal method were simply frightful. She got on quite well for about two years, when the hæmorrhage returned. Dr. K. very properly repeated the use of the curette and she had more relief, but it was not so complete or so lasting. Now she is worse off than ever, and has returned to us for the radical operation.

But this is too serious a question to be settled hastily and without careful consideration. Her general symptoms are better than you would expect them to be after so long a period of ill health with a recurring and exhausting discharge. Locally what is left of the cervix is not so badly diseased as it was before; but evidently the lesion has extended to the endometrium. The uterus is pretty high, is not very mobile, and does not readily descend toward the vulva when it is drawn upon. These latter conditions are not favorable to the performance either of the supra- or of the infra-pubic extirpation of the womb, and still they might possibly be overcome.

The one symptom which more than any other suggests that we hasten slowly in this particular case is the urinary involvement. Those of you who have made a practice of reading the CLINIQUE, and of remembering what you have read, will perhaps recall a paper of mine on the "Urinary Affections that are Associated with Uterine Cancer."* In that essay it was shown that one of the most frequent modes of death from uterine cancer is the uræmia that is caused by the retention or the resorption of the urine through pressure upon one or both of the ureters, as they pass by the neck of the womb in order to communicate with the bladder * * *.

In the case before you there is no need to apply the uræmic test to decide upon the existence of carcinoma. That point is already settled; and besides, you have seen it used in other cases in my clinic. But we do need to know whether there is any involvement of the lower portion of the ureters by the peri-uterine deposit before we attempt to go between them and the uterine cervix with the scalpel or the scissors, in order to remove the whole uterus from its natural moorings. For it is very ticklish business to ligate or clamp the tissues that lie between the ureters and the cervix without seizing upon more than we want, and without shutting off and cutting off the waste-pipe that comes from the kidneys.

*The CLINIQUE, Vol. vi., 1885, pages 291–301.

Now, this woman's urine is becoming more and more scanty. She has been in the hospital for a week, and the record shows that she averages but 22 instead of about 40 ounces of urine in the twenty-four hours. She is confident that for many weeks past the quantity of urine voided has progressively diminished. Under the circumstances, we must try to ascertain whether the scanty flow is accompanied by a marked diminution in the amount of urea that is being excreted. If it is, the chances are that the infiltration of the tissues about the cervix has partially closed one or both of the ureters already, and that we had better not attempt the removal of the uterus by any method of operating. So, before deciding what to do for her relief, we will submit the question to our excellent analytical chemist, Mr. Bruce, who will tell us what amount of urea is being excreted by this patient every twenty-four hours.

February 10.—Through the kindness of Dr. Hanna, the house physician, and of Mr. Bruce, to whom we referred the matter, the amount of urea that is being eliminated by this patient has been carefully determined. I will read the report:

Dr. W. B. Hanna.—The following are the results obtained from the examination of the urine from Case 20,565: In the first sample the amount of urine passed in twenty-four hours was 16 ounces, which contained 127.82 grains of urea. In the second sample the amount passed was 22 ounces, and it contained 108.26 grains of urea.

Yours truly,

E. M. Bruce, Analytical Chemist.

There can be no doubt of the accuracy of this report, but it happens that Mr. Bruce and Prof. Lyon agreed to make a separate analysis of the urine in this case. The difference between the results obtained by them individually, and without any possible collusion was less than 5 centigrammes, or .772 of a grain, which is about equal to what is called the "personal error." * * * *

The clinical history of this case, the relief from curetting, and the recurrence of the same symptoms after a few months interval; the local lesion itself; the invasion of the glands in Scarpa's triangle; the growing signs of constitutional involvement, and the progressive diminution in the amount of urine that is passed, all point to a stage in which the disease has extended beyond the limits of the uterine cervix. And the result of this urinary analysis (for which we are all indebted to our good helpers in the hospital work), not only shows that uræmia impends, but signifies that we would not be warranted in removing the uterus. For, even if we should succeed in detaching the womb without damaging the ureters, and if she should recover from the operation, the urinary mischief would continue and the result would not be changed. All the relief that she would get from it can be had by cleaning out the cervix and the lower segment of the uterus again, and instead of treating you to another hysterectomy this morning, that is what we now propose to do. (The operation was then made in the presence of the class.)

CHRONIC DISEASE OF THE OVARIES AND TUBES; REMOVAL AND RECOVERY.—*Case 20,578.*—Miss —, aged 25, has never been well since she began to menstruate, nearly twelve years ago. She has always suffered great pain at the monthly period. It sometimes begins a day or two, sometimes only half a day before the flow starts. Usualiy, the coming on of the discharge relieves the suffering, but it is not always so. The dysmenorrhœa had become so very severe, despite the most careful treatment at home, that about five years ago she was brought to the city and I was consulted as to the propriety of removing the ovaries for its relief. I advised to wait until other means had been tried, but she afterward went to a sanitarium where she took cold by being left in a bath-tub by a careless nurse. As a result of being chilled in that way she had a violent attack of cystitis, from which she was seriously ill for several weeks. Since that time the bladder has always troubled her. She has had frequent attacks of neuralgia, and again "bilious" attacks, from which she has been confined to her bed for three or four months at a time. Of late a trouble-

some cough has developed, she is losing flesh, and has become quite pale and weak. Local examination discovered a very decided enlargement of the left ovary and tube and their removal by operation was advised.

Feb. 22, 1890, Prof. Ludlam made the operation in the presence of twenty senior students and a number of physicians in attendance upon the winter term of the college and hospital. He was assisted by Drs. J. B. Dodge, who had brought the patient from Ann Arbor, and Drs. R. Ludlam, Jr., Hanna, house physician, and Hoey, the house surgeon. The left ovary and tube were first taken and then, on being examined, the right tube was found to be so diseased that it also was removed. The steps of the operation were explained and demonstrated to the class and the patient was afterward carried to her room.

February 24. An extra clinical lecture was given on the above case, in which a number of practical points were carefully considered. The operation, Prof. L. said, had been postponed from time to time until nearly three weeks had passed since the admission of the patient into the hospital, and this because of the prevalence of *la grippe*, which some of you may be disposed to regard as a trifling affair.* She had quite a sharp attack of it, and considering its serious consequences in many cases, I did not feel justified in making the operation until two days ago. Those consequences concern the depressing, devitalizing influence of the *grippe*, not only upon the nervous system, but also upon the pulmonary, cardiac and the alimentary functions. In abdominal surgery we want all these to be in the best possible condition. If there is a wide-spread epidemic of a serious kind, no matter if it is diphtheria, or scarlatina, measles, the puerperal diseases, erysipelas, typhoid fever or dysentery, unless the conditions that require the operation are imperative, we ought to wait a little and so give the patient the best chance of recovery.

But, at the same time, we should guard against the prostrating effect of unnecessary delay. It is not a good or a proper thing to sentence a woman to a serious operation and then leave her to worry over it, and to dread it for weeks together. If it is really necessary, and if *all* the conditions are as they should be, nothing will be gained, but a great deal may be lost, by delay. Hervieux long ago

*The Illinois State Board of Health reported, Feb. 13, 1890, when the epidemic had not yet passed, that in seven weeks 12,000 people had died from it in the United States.

remarked that those women who entered the Paris Maternity in actual labor had a safer and more speedy convalescence than those who had been waiting in the wards for their hour to come, or for their babies to be born. No doubt the exposure to the nosocomial, or hospital atmosphere in the days when antisepsis was unknown had very much to do with the result in the case of those who had

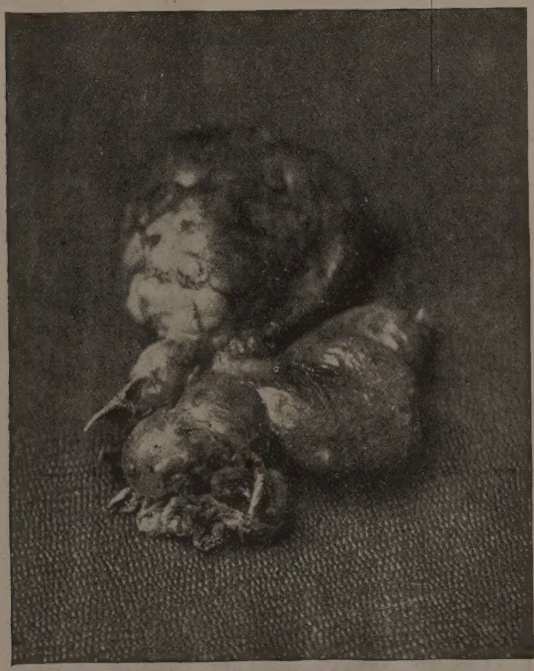

FIG. 1.

been saturated beforehand, but that was not all of it. The prompt delivery, directly a woman entered the hospital, spared her from talking and fretting over all sorts of stories and discouraging remarks that put a wet blanket on the spirits and weaken the vital resistance. * * *

The details of this double operation, salpingo-ovariotomy, which consists in the removal of the tubes as well as the ovaries, have already been given to the class in

former operations. Here are the organs that were taken from our patient. (See Figs. 1 and 2.) The left one was the worst, and no doubt was the first to be affected, but in the right one the tube was badly damaged. Both had to come out, for, if we had left the second one the operation would soon have been needed to be done over again. You know my views on sparing one ovary and its tube whenever it is safe or expedient to do so.*

Concerning the effect of a double oöphorectomy upon the sexual capacity something should be said, and in so

FIG. 2.

doing I must impress your minds with the difference between this function and that of generation proper. When both ovaries have been entirely removed it will be impossible for the woman to have any more children. But the

*The CLINIQUE for February, 1890, page 86.

sexual instinct and inclination is not necessarily abolished thereby; indeed it may even be more normal and proper afterward than it was while the diseased ovaries and tubes were allowed to remain.

It sometimes happens that a woman whose ovaries have been extirpated still continues to menstruate. If ovulation is essential to menstruation how can this be possible? A shred of the ovarian stroma may have been left behind; there may be a third and supplementary ovary; or there may be some accessory ova-bearing tissue lying between the folds of the peritoneum, where it was not disturbed by the operation. In either case, although the greater part of both the tubes has also been cut away and the ovule is lost overboard, the ripening of the egg and the rupture of its follicle have stimulated the menstrual congestion of the uterus and brought on a periodical flow which corresponds with the catamenia. In such a case the ovum passes into the peritoneal cavity without the risk of hematocele, just as it naturally does with certain of the lower orders of fishes that have no oviducts, and just as it does with those women whose tubes are occluded by reason of disease, and who still continue to menstruate more or less regularly. (This patient made a good and prompt recovery and soon returned home.)

THE PACQUELIN CAUTERY FOR THE CURE OF URETHRAL CARUNCLE. — Several cases of caruncle of the urethra have been brought before the class during the winter. In all those who were married complaint was made of dyspareunia and of more or less vaginismus. In two of them the latter symptom, which Lawson Tait has emphasized, was present in a very marked degree. All of these patients had the usual symptoms of atrocious suffering during and after the flow of urine. They were successfully operated upon by the Pacquelin cautery.

DERMOID CYST OF THE OVARY—REMOVAL AND RECOVERY. —Of the thirteen laparotomies made in the hospital by Prof. L. during the college year, the one that was performed before a class of thirty senior students, March 4, 1890, was in some respects the most remarkable. The patient (20,573) came from Eau Claire, Wis., was thirty-eight years of age, a farmer's wife, and, according to her own account, had been treated for many months for a uterine fibroid, and afterward for extra-uterine fœtation. This treatment was by electricity, carefully and persistently applied. It, however, had no effect to lessen the size of the tumor.

The operation was made in the usual way, and with the necessasy precautions. A compound tumor, partly cystic and partly solid, was disclosed. The cyst was tapped and carefully emptied of a pint and a-half of fluid resembling melted butter. The solid portion was then withdrawn, the pedicle secured, the toilet of the abdomen made, and the wound closed and dressed and the patient sent to her room.

When the fluid was shown to the class directly afterward it had congealed like tallow, so that the basin could be inverted without danger of its being lost. It was the sebaceous secretion of a dermoid cyst. On cutting open the solid portion of the tumor it was found to be filled with a thoroughly twisted knot of hair as large as a working-

FIG. 3.

man's two fists. (See Fig. 3.) The hair was glued with sebaceous matter, and was eighteen inches long. One incisor tooth was also found inside the tumor. (The woman made an uninterrupted recovery.)

Clinical Society Transactions.

H. N. LYON, M. D., SECRETARY.

MARCH MEETING, 1890.

The regular monthly meeting of the Clinical Society was held at the Grand Pacific Hotel, Saturday evening, March 29. After the usual routine business was disposed of, the society heard

THE REPORT OF THE BUREAU OF SURGERY.

DR. G. F. SHEARS, CHAIRMAN.

A REVIEW OF CRANIAL AND INTRACRANIAL SURGERY. By GEO. F. SHEARS, M. D.—The advent of aseptic surgery and the great advance made in the last few years in operative technique has led to an enlargement of the field of operative interference which is almost unprecedented in the history of surgery. This is especially true in the case of the great cavities of the body, the brain, the thorax and the abdomen. In the latter region the most successful advances have been made, and rules of procedure have been determined almost as definite and accurate as those which govern operations in external parts. In cranial and intracranial surgery this exactness has not yet been obtained. The field and its limitations have often been discussed, but there is yet much difference of opinion, and views the most diverse are frequently expressed. In the meantime much valuable work is being done and definite advances are being made. Notwithstanding the fact that the subject is now so widely discussed, having occupied the attention of national bodies of both schools, there is so much that is fragmentary that has not been incorporated into regular treatises, that it seemed to me that a brief review of the present status of operations upon the brain and its contents might not prove unprofitable.

Lesions of this locality have been divided into those that are traumatic and those that are idiopathic, but the division lines, as in all arbitrary distinctions, are difficult to trace, and I have preferred to simply take up certain topics and briefly state commonly-accepted measures and quote interesting reports rather than to attempt to classify each topic and to consider it under its appropriate head.

Cranial Fractures.—The old rule "trephine when you see symptoms indicating compression, but do not trephine when you do not see such symptoms, except in punctured wounds," which is still advocated by many in authority, is being widely departed from, it being even urged by some "that in all recent fractures with depression, simple or compound, without symptoms of compression, you should trephine if you believe the internal table is depressed." This broad rule, while it does not meet with common acceptation, is still indicative of the tendency of modern surgery to more active interference in cranial wounds, and, as a fact, to the old rule we find it is the common practice of progressive surgeons to add, "and all compound fractures, and all simple depressed fractures in which the depression is limited, affecting a small area, and in which the bones are turned down acutely or funnel-shaped, whether symptoms of compression are present or not." The wisdom of this addition is certainly shown in a case of compound fracture under my care, in which, although no symptoms of brain injury were present, trephining showed the brain tissue to be badly lacerated, and fragments of bone embedded in its substance, a condition of things which must later have produced the most disasterous results.

Much of this advance has been due to the lessening dread of making an open wound; formerly a compound fracture was synonymous with all that was disagreeable and dangerous, but antisepsis has robbed it of much of its danger, although none but the most enthusiastic of operators are inclined to accept the statement that the conversion of a simple fracture to a compound one, is not attended with

increased risk. Again, a better knowledge of the remote dangers of depressed fractures has had its effect in deciding upon a more active course; while the brain may accommodate itself to pressure, and the symptoms pass away when the inner surface of the depressed bone is smooth and hard, when the bone is greatly depressed, or acutely depressed, it is liable to cause meningeal irritation, and, although the patient may escape death, he lives in constant jeopardy from the irritation, which may at any time produce traumatic epilepsy, or some other brain lesion.

Intracranial Hæmorrhage.—The practice of the majority of surgeons is somewhat more radical in the treatment of this condition, than that of the profession a few years ago, when an operation was not deemed warranted unless there was a depressed or compound fracture, with pronounced laceration of the soft parts; now most surgeons recognize that trephining is a legitimate operation when life is threatened from compression of the brain from intracranial hæmorrhage, even when no fracture or depression of bone is detectable. In hæmorrhage from the middle meningeal artery, this procedure has been followed by very satisfactory results; thus out of forty cases collected by Nancrede, there were twenty-four recoveries and only sixteen deaths, a very favorable result when we consider the part injured. While the majority of successes have been confined to hæmorrhage from this locality, and outside of the dura mater, a number of cases have been reported which prove that the statement by some of the most progressive men, that "hæmorrhage from within the ventricles, or in the substance of the brain, whether traumatic or idiopathic, must with our present knowledge, be treated solely by medical means" has its exceptions, and that the boundaries must be extended. The following case by Schmeide, of Königsburg, is an illustration:

A young man 18 years of age, was stabbed in the left temple; this was followed by a paralysis of the right side. Four days after the accident he came under Dr. Schmeide's care. The paralysis was increasing, although the external

wound was nearly healed. He trephined over the wound, opened the dura mater, removed a clot, found a branch of the middle cerebal artery spurting in the substance of the brain, seized it with forceps and ligated it with catgut; the patient recovered, power to the arm and leg returning in eight days, a perfect articulation in four weeks, and recovery from the facial paralysis in six months.

Intracranial Suppuration.—It is now quite generally recognized that operative evacuation should be undertaken in all cases of localized intracranial suppuration, whether sub-cranial, intracranial or cerebral. Post-mortem examination proves that, in a large majority of cases, the abscess continues to enlarge, until by pressure or rupture into the ventricles it destroys life; in a small minority of cases an inner sac wall is formed, and the abscess may remain stationary for a time. Rarely caseation of a small abscess may take place, and a partial or complete cure result; this probably never occurs in abscesses the result of traumatism, in which the brain tissue is softened instead of being condensed; such abscesses invariably terminate the life of the patient.

When, then, any symptoms are present which indicate the locality of the abscess an operation is demanded. The following case illustrates the present practice, and the fortunate results which follow this line of treatment:

A young man, twenty-four years of age, was kicked by a horse, in the right frontal region; he reports that several pieces of bone were removed, but that he made a rapid recovery. Six months later he applied to me for treatment of severe frontal headache, the pain commencing over the right eye and extending over the head; at such times he was dizzy, felt faint and nauseated; there was some slight œdema over and about the site of the injury. I cut down upon the skull, reflected the flap and examined the bone; a portion of the frontal bone the size of a quarter was absent, and in its place was a fibrous membrane; through this a hypodermic needle was plunged into the brain, and a few drops of pus obtained. The membrane was now freely incised, and about a drachm of pus escaped. No unpleasant symptoms followed; the wound healed rapidly, and the headache has not since returned.

The plan of using the hypodermic needle for exploration, where the abscess does not present an exposure of the brain, is commonly accepted. In a case reported by Fenger and Lee, when trephining did not uncover the abscess, the needle was entered successively in a backward, inward, outward and horizontal direction without result. Finally, pushing it backward and inward to a depth of two and one-half inches, the cavity was reached, pus evacuated, and a rubber drain inserted; the patient recovered.

The same line of treatment is pursued when abscess of the brain follows suppurative inflammation of the middle ear, or the mastoid process of the temporal bone. Schede and Truckenbrodt report such a case, in which the disease had extended from the middle ear to the mastoid process, as evinced by great pain and œdema; the mastoid process was opened, but no relief obtained. Aphasia and paralysis of the right facial nerve supervened; under these circumstances it was thought best to trephine. An abscess the size of a small orange was found, opened and drained; four months later the patient was discharged, cured.

In a somewhat similar case, Macewen having drained the abscess, scraped out the middle ear with a Volkmann spoon, and then thoroughly disinfected the cavity, in order that the patient might not again be infected.

Traumatic Epilepsy.—The operation of trephining for epilepsy is not a new one, for, according to Gross, LaMotte, in 1705, trephined a patient for epilepsy, and, if we may credit the anthropologist, the same operation was performed by people of the stone age, for the purpose of letting out the evil spirits which were presumed to inhabit the skulls of those suffering from mental derangement; at least, skulls have been found in which trephining has been done, and, according to the same authorities, the patients survived.

While the practice is old, it is only in recent times that the operation has been advocated and practiced upon rational grounds.

A more careful study of the causes of epilepsy, and the indications for cerebral localization, have removed the operation from the list of simply daring operations, and given it a definite place.

Eccheverria estimates that fully ten per cent of all epileptic seizures are due to an injury to the head. The trauma may involve merely the scalp in a lacerated and contused wound, which, in healing, forms a firm cicatrix, in which terminal filaments of the original nerve may be entangled, thus setting up a peripheral irritation, or pericranitis may be developed, followed by osteosclerosis, or the bones may be fractured, and injury to the brain result. This irritation may present long after the bones have been united. Often at the point of fracture the bone becomes thickened or roughened, and exostoses or nodules grow from the inner surface of the skull, producing the peripheral irritation necessary to excite the reflex centres, and produce the explosion of epilepsy. These facts are so well recognized that the surgeon feels warranted, when there has been an injury to the head, leading to the suspicion or recognition of cerebral irritation, in trephining and removing the irritation, just as he would remove a stone from the bladder. The following case under my charge illustrates the production of epilepsy from simple scalp wound:

A young man, aged 18 years, fell upon the sidewalk, the end of the board flying up and striking him upon the left frontal eminence, producing an irregular scalp wound, which extended from about an inch above the eyebrow almost to the coronal suture; the wound healed, but the cicatrix was sensitive and tender to the touch. Four months after the injury he had an epileptic seizure; this was followed in two months by another. I dissected out the whole scar, bringing the edges of new wound in close apposition; the wound healed by first intention. Since then—almost one year—he has had no attacks.

The following case, reported by Prof. Briggs, illustrates the results obtained, when the irritation is due to the pressure of depressed bone:

In 1862 a Confederate soldier received a fracture of the left parietal bone from a stone thrown by an infuriated farmer; he recovered from the immediate effects of the blow, but in five months afterward he was seized with epileptic convulsions which continued to recur for eight months. Prof. Briggs trephined, removed the depressed bone and recovery resulted, although he afterward entered active service and endured the excitement of army life, he had no return of the convulsions. Even when the irritation is diseased brain tissue itself, operative interference may be invoked, as shown in a case reported by Mr. Horseley; in this case, the removal of the depressed bone being insufficient to overcome the epileptic tendency, the wound was reopened and one-half a centimeter of brain-tissue excised to the depth of two centimeters and the wound closed; no more convulsions occurred.

Trephining for insanity following depressed fracture has been frequently performed; of four cases collected and reported by Byrd, two cases resulted successfully and two were failures.

Tumors of the Brain.—The removal of tumors of the brain by operative measures is one of the latest triumphs of surgery. In 1884, Amidon first insisted upon the propriety of such measures, since which time numerous operations have been made. The following case by Prof. Horseley, whose prominence in brain surgery is generally recognized, shows what has been and may be done in certain cases, as well as the indications which resulted in the diagnosis of the tumor and its localization:

A man, aged twenty years, began in January, 1884, to show cramps in the left thumb and fingers, these consisting of clonic opposition of the above named digits, occurring about twice a day for three months. The first fit occurred in March, 1884, the second in January, 1885; then followed a series of remissions of the twitchings until, in August, 1885, commenced a series of fits, occurring once or twice a week until admission in December, 1885. The character of the fits was nearly always the same; they began by clonic, spasmodic opposition of the left thumb and finger, the wrist next, then the elbow and shoulder were flexed clonically, then the face twitched and the patient lost consciousness. The hand and eyes then turned to the

left and the lower limb was drawn up. The right lower limb was next attacked, and finally the right upper limb. At frequent intervals every day the patient's thumb would commence twitching; sensation was not affected. There was frequently severe headache, beginning at the occiput and shooting forward, especially to the right parietal region. The optic discs were normal. It was decided to explore the middle and lower third of the ascending frontal and parietal convolutions. The operation was made as determined upon, a two-inch trephine being used; by further removal of bone, the mass to which the dura mater was attached was completely exposed. It stood out one-eighth of an inch from the surface of the brain: it appeared to be only one-half an inch broad, but, as the brain substance all around it for more than one-half an inch appeared dark and livid, the part apparently diseased was all freely removed. This was fully justified since the growth spread widely under the cortex. Before closing the wound the center of the thumb area was removed by free incision: numerous vessels were ligatured. The wound healed and within two months the patient had regained everything, except the grasp of the left hand was not quite as good as before: there have been no fits since the operation.

The success of Prof. Horsley has led to much literature on this subject, and a freedom of suggestion which would lead me, without careful attention to the subject, to believe that many successes had been obtained, and that the brain might now be operated upon with impunity. This is far from the truth; out of the literature at my command I have found the history of nineteen cases of operation, with recovery in only six. This includes two cases, in which operation was made for tumor, but no tumor was found. Among four other cases reported in 1889 only one was successful. No doubt other successes have been obtained, but the number is still small, and the mortality of the operation great.

Many difficulties lie in the way of this branch of surgery being generally effective; a large portion of the brain is practically inaccessible during life. Dr. White, in his review of one hundred cases of cerebral tumor, with reference to operative treatment, after explaining the position

and character of the different growths, concludes as follows: "Thus we see that out of one hundred cases of tumor of the brain ten might certainly have been operated upon, and four additional ones might possibly have been, so that in ten per cent of our cases we can hold out some hope of operative relief to our patients, provided that a correct diagnosis of the position of the growth be made, even so late as shortly before death, while, of course, earlier in their history many others might have been operated upon with a good prospect of success.

The difficulties of the subject are further increased by the absence of positive diagnostic symptoms; tumors of the brain may exist without any indication of their presence, until, upon sudden death, post-mortem examination reveals the presence of a foreign growth. There may be indications of derangement of the intracranial contents, and the symptoms may be due to the presence of a tumor, but the symptoms are not characteristic. There may be characteristic symptoms of the presence of an intracranial tumor, but no indications of its location. In a minority of cases there may be not only symptoms indicating the presence of the tumor, but those also indicating its probable location. In a minority of cases there may be not only symptoms indicating the presence of the tumor, but those also indicating its probable location. When there is considered the limited number of cases in which the tumor is accessible, and of these the probability that many may come under the first three conditions, the limitation of operative interference can easily be seen. But, while the field is small, the possibilities within that limit have not yet been obtained, although the work done in cerebral localization deserves all credit. With a still more perfect knowledge of motor centers and improved operative skill, the future of this, the most audacious of surgical procedures, must be still more encouraging.

I have thus briefly reviewed most of the topics which may be considered under the head of cerebral surgery, not with the idea of advancing anything new, but simply of

placing before you in a concise form the present position of this interesting branch of surgical work.

FRACTURE, DEPRESSION AND NECROSIS OF THE SKULL.—BY DR. G. F. SHEARS.—*Case.*—Karl B., age 40 years. A strong, sturdy German.

One year ago a heavy harness fell, one of the iron pieces striking him upon the vertex of the skull. The scalp was not lacerated, but a pronounced swelling appeared at the point of injury. Some time after this the skin over the injured part sloughed away, leaving the bone exposed. When I first saw him the skull was exposed and the bone necrosed over a space about the size of a half-dollar.

The parts were thoroughly cleansed and the pieces of bone removed. This, however, was not sufficient to remove the entire diseased structure and produce healthy granulations.

On March 10, more radical measures were instituted. Three incisions were made through the scalp and periosteum and the flaps reflected. With a mallet and chisel all diseased and depressed bone was thoroughly removed. This necessitated the removal of both plates of the skull and the exposure of the membranes of the brain over a space about 2 x 1¾ inches. On account of the sloughing of the soft tissues this could only be partially covered by the scalp and periosteum. The patient reacted nicely and was able to leave his bed upon the fifth day. The part that was exposed is now covered by a firm, fibrous membrane.

Although this patient is apparently strong and vigorous, he has also sustained fracture of the clavicle, followed by necrosis and non-union, and a supra-condyloid fracture of the humerus, followed by non-union.

Notwithstanding these various unfortunate results, which I am glad to say did not occur under my treatment, he possesses great strength and engages in a laborious occupation.

DISCUSSION.—DR. R. M. BARROWS: I saw a case some time ago that interested me greatly, and I thought at the time that there should be some means of operative procedure in these cases. In the instance to which I refer the patient was struck on the head by a beam and rendered unconscious, in which state he remained until death. There was not at any time a depression or fracture of the bones, but at the post-mortem examination a blood-clot

was found in the brain, immediately under the seat of the injury.

Dr. C. G. Fellows: The ophthalmoscope is rapidly gaining favor as an aid to the diagnosis of brain lesions. Prof. H. B. Fellows uses it extensively in the examination of his cases. A hemorrhage into the brain substance will often cause a hyperæmia of the retina, but care must be taken to distinguish between such a hyperæmia and one occurring idiopathically. In regard to abscesses of the brain—secondary upon an abscess of the middle ear breaking through into the cranial cavity, I have seen a number of such cases. A year or two ago I saw at the clinic of Dr. St. John Roosa a very interesting case of the kind. The patient, himself a physician, had a caries of the upper wall of the tympanic cavity. This resulted in perforation, and an abscess of the brain followed. The abscess was opened and drained. The patient fully recovered in about eighteen months. In Vienna I saw the operation in a case in which pus had been diagnosed. The mastoid cells were opened and scraped, but no pus was found. I think if the brain cavity had been opened they would have found the pus, as, in my opinion, it was located in the temporal region.

Dr. H. R. Chislett: While house surgeon at the Hahnemann Hospital, I saw a case that illustrated the possibility of locating lesions of the brain. The patient was under the care of Prof. H. B. Fellows, who diagnosed a tumor of the brain. Some time later I made a post-mortem examination in that case and found a tumor exactly in the region in which Prof. F. had located it.

Dr. Belle Reynolds, in stating a case bearing upon the report, said: It was my misfortune to see a friend thrown violently from her carriage upon a wooden pavement. She struck upon the right side of the head and upon the corresponding shoulder. When we reached her she was absolutely breathless, but gasped upon being slightly shaken. She was carried in-doors very carefully and placed flat upon the floor. There was not a conscious word

spoken; she only mumbled and groaned incessantly. Her clothes were loosened and a thorough examination made to ascertain if there were any broken bones. The head also was examined, but there was *not a trace of any external injury*. The right side soon became paralyzed, the mumbling increased, but alternating with the inarticulate speech there were times in which she did speak one word distinctly, and very rapidly for an hour at a time. Again she would speak another word, but always in monosyllables, over and over for an hour or more. As the mumbling decreased she began to have spasms in the facial muscles of the right side; these spasms finally became general, with incontinence of the urine and the fæces. She never regained consciousness, and died on the seventh day. An autopsy disclosed a deep abscess with evidence of hæmorrhage. The question I desire to ask is, when there is no evidence of external injury or fracture of the skull, as in this case, would Dr. Shears consider it justifiable to trephine?*

Dr. J. M. Wilkins: Ten years ago I myself had a mastoid abscess as the result of an injury received by stepping on the end of a loose plank, the other end of which rose up striking me on the face and breaking my nose. I was rendered unconscious for some time by the force of the blow. A catarrh from which I was then suffering probably aggravated the trouble. For over a month there was a most intense pain in the ear. This was succeeded by a roaring and buzzing that lasted for several months longer. By this time the pain had returned with increased severity. Dr. Burt, who had been treating me then made an incision into the mastoid cells, from which a large amount of pus escaped. This pus had burrowed extensively, and Dr. Hall, who afterward saw me in consultation, found a large area of roughened bone. The wound was kept open for over a month when it finally healed, and I have had no further trouble from it.

*Owing to his unavoidable absence from the meeting, Dr. Shears did not participate in this discussion.

DR. R. LUDLAM said: Although this subject is presented in its surgical aspect and does not fall within the scope of the majority, in so far as operative interference is concerned, still the all-around physician is expected to be familiar with the differential diagnosis of the brain lesions that have been mentioned in the report. It was this thought that took me to Charcot's lectures on Cerebral Localization when I was first in Paris, in 1875. The recent evolution of cranial surgery, which is so well set forth in Dr. Shears' essay, is the outgrowth of careful studies in cerebral physiology and pathology and of the perfection of manual and aseptic technique combined. Without the former there would seldom be any warrant for opening the skull, and but for the latter the operation itself would be many times more dangerous.

No doubt a great deal of harm has been done in former times because these two conditions were lacking; but the patients who were trephined a century or two ago, sometimes made a marvelous recovery. You may remember the case of Phillipe de Nassau-Weichheim, who, after a fall from his horse, was trephined 27 times before they could find the effusion, who got well and then found that he could drink more wine than ever before.*

One phase of this question interests me greatly, and that concerns the possibility, bye and bye, of opening the cranium in an exploratory way for the sake of settling an obscure diagnosis, and of saving the patient by an ulterior operation which would not have been expedient or justifiable if the lesion had not first been exposed to the sight and the touch of the surgeon. This is precisely what has been done in peritoneal surgery, and when it has been applied with care, skill and discrimination, the results have been wonderfully effective in the saving of human life.

PEDUNCULATED CONDYLOMA OF THE VULVA (WITH SPECIMEN).—BY DR. H. R. CHISLETT.—The tumor which I present to you to-night is interesting, rather on account of its

* *Des traumatismes du Crane.* Archiv. de Neurologie, tome xviii, p. 189.

quantity than its quality, for though condylomata are quite common it is very exceptional that a single tumor attains so large a size. The patient from whom we removed the growth is a young colored woman, and gave no history of venereal disease. There were five of the tumors, which were situated all about the vulva and perinæum. This, the largest of the group, was attached to the lower part of the

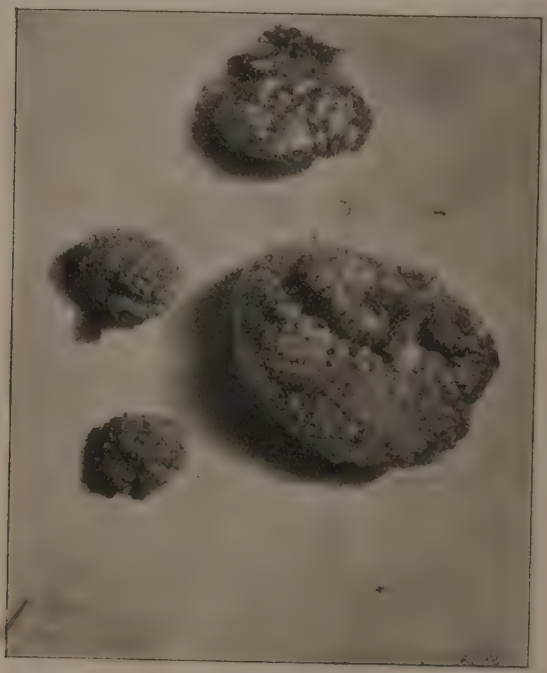

FIG. 4.

right labia majora, the point of attachment being about three-fourths of an inch in length. The growth was first noticed about two months ago, and from her description of it it must have resembled the smallest of the five which we removed yesterday—a smooth, round nodule, similar to a sebaceous cyst. Our patient suffered no pain, but the growth caused her great inconvenience by hanging down between the thighs, and interfering with walking. It was

steadily increasing in size, and, having become abraded by the friction, was discharging a very offensive fluid. She is about 5½ months pregnant.

Condylomata are usually found in those who have not yet learned the virtue of cleanliness. They are made up of the elements of the skin, the papillæ of the corium and the corium itself becoming very much hypertrophied; the proliferation of the epidermis, though quite marked, is not an active feature in the development, for it rubs off easily and leaves the papillæ exposed. The growth is rapid on account of the extreme vascularity. I think it no exaggeration to say that the main artery of this tumor was as large as the radial artery at the wrist, and had just as distinct a pulsation.

The causes are evidently not fully understood. Many authors claim that they are the skin manifestations of secondary syphilis; others are equally certain that they result from gonorrhœal infection; but while there is no doubt that they occur most frequently in those suffering from venereal diseases, the experiments to prove the specific character of the tumors have not been conclusive. The most common cause is a profuse leucorrhœa, whether of a gonorrhœal or a simple nature, and as such discharges are most common during pregnancy, the tumors more frequently appear at such times. The favorite location of these growths is about the genitals and rectum, because these parts are exposed to the causative irritation, and furnish the heat and moisture necessary to their development. There is rarely any accompanying pain, the symptoms produced being those of pressure, the offensive discharge, and sometimes hemorrhage. They enlarge during the menstrual period, and also during gestation.

Treatment.—As in the treatment of all surgical diseases, cleanliness is of the first importance. By keeping the parts clean, dry and free from irritation many will disappear without any treatment.

Hildebrandt reports a case in which the tumor attained the size of an apple (though he doesn't state the size of the apple), which disappeared in eight weeks without treatment. Many cases are reported in our journals as cured by internal medicines. I have seen small ones disappear under the treatment recommended by Prof. Helmuth, thuja, locally and internally, but how much was due to the medicine and how much to the cleanliness observed while under

treatment I am not prepared to say. Medical treatment should give way to surgical

1st. When the tumor is so large as to inconvenience the patient or when it is steadily growing.

2d. When its presence is a constant source of mental worry.

3d. When the surface has become abraded, rendering infection probable.

4th. When hemorrhage is a prominent symptom.

Any one of these conditions calls for early removal. This can be accomplished, after a thorough cleansing, shaving and disinfection of the parts, either by the knife or the galvano- or thermo-cautery. Cauterization of the stump even after excision is recommended by some surgeons as being one more stone in the way of a return ; it is especially advisable in colored people, in whom there seems to be a tendency toward the development of keloid growths following the removal of the condyloma.

REPORT OF THE SURGICAL DEPARTMENT OF THE HAHNEMANN HOSPITAL OF CHICAGO FOR THE SESSION OF 1889 90. BY PROF. SHEARS.—It may not be inappropriate at this meeting of the Surgical Bureau to say a few words concerning the work which has been done in the surgical department of the hospital during the past year.

I will not weary you with the entire record of cases operated upon or presented to the class, but can say, in a general way, that our clinics have never been so full nor so interesting as during the past year. Among the cases presented may be enumerated the fractures of the skull, inferior maxillary and nearly every other large bone in the human body, amputation of the thigh, excisions of the elbow and hip, cystotomy for tubercular cystitis, lithotomy, operations for the radical cure of hernia, twenty cases of removal of tumors from various parts of the body, a number of operations for the removal of cancer from the breast, castration, trephining, necrotomies of nearly all of the important bones, many plastic operations upon the face, operations for the relief of many congenital deformities, besides a number of minor operations upon the rectum and genito-urinary organs. I am glad to be able to repeat this

year what I had the privilege of saying last year, that not a single patient has died in the surgical department or has died after leaving the hospital, as the result of an operation. In only one case has the temperature reached 102°, and in that case it remained at that height only one day. No cases of erysipelas, or septic or pyæmic troubles have developed after operations. I believe much of this fortunate result was due to the care which was given the patients, both before and during the operation, and to the strict antiseptic precautions which have been uniformly employed.

PRESENTATION OF MORBID SPECIMENS.—In calling attention to three of the wet specimens on the table, Dr. Chislett said:

These pathological specimens of the heart, stomach and spleen come from our friend, Dr. Hawes, of Hastings, Minnesota, and are especially interesting. The lady, who had been an invalid for over thirty years, came under the doctor's care two years ago, presenting the following symptoms: "Had suffered with stomach trouble for a number of years, being unable to eat other than the most simple foods. Of late there has been a constant distress, which she described as a constrictive sensation about the stomach unaccompanied by severe pain. Nausea was persistent, vomiting being the rule after each mouthful of food, either fluid or solid. Among the vomited matter caseous looking lumps, varying in size from a pea to a walnut, were frequently found. About four months before her death pain became a prominent symptom, and was at times so severe that the physicians were obliged to resort to morphine. She described the pain as neuralgic in its nature. About this time, too, her heart began to act badly, the pulse ranging from 110 to 160 beats per minute. At no time did the thermometer register above 100° F. During the last few months the emaciation was extreme, the patient remaining a good deal of the time in a semi-delirious condition.

The post-mortem examination revealed a normal condition of the liver, kidneys and intestines. The pancreas was disorganized and very friable. The organs chiefly involved, however, are here for your inspection. The main points of interest in the heart are the cartilaginous condition of the enlarged aorta, with a tendency at certain spots toward the calcareous form of degeneration; the presence

of an organized blood-clot which, on first examination, extended through the left auricle and the left verticle out of the aortic orifice as far as the middle of the thoracic aorta. The valves are of course incompetent, but there is nothing stated in the history to the effect that the insufficiency was recognizable during life.

The spleen is interesting chiefly in point of size, being extremely small for an adult. It weighs one ounce, and you will remember that the average weight when uninfluenced by disease is between six and seven ounces.

The stomach too has many points of interest. A tumor involving the lesser curvature and both the anterior and the posterior walls, measuring 4½ by 3½ inches, is beyond question a scirrhous carcinoma. The question of duration cannot be settled, but if it lasted the fourteen years during which Dr. Hawes was personally acquainted with the patient, it is certainly very unusual, the average duration being from eighteen months to two years.

If on the other hand the beginning was two years ago, when all of her symptoms became so much aggravated, the previous conditions, if they were closely studied might lead to some reliable information regarding the cause and development of such growths.

In any case, and in the event of recent theories regarding the functions of the spleen, I would like to ask some of the members of the Society what is the probable relationship existing between the loss of functional activity of the stomach and the atrophic condition of the spleen, which is so marked in this specimen?

A Needle taken from the Heart.—Dr. F. W. Honberger exhibited an unbroken, rusty needle, two inches in length, that he had removed from the heart of one of the subjects in the dissecting room at the Hahnemann College, during the past winter. The needle was firmly imbedded and lost in the muscular parietes of the left ventricle. There were no traces of inflammation or any of its consequences, either in the heart itself or in the pericardium.

VOLUNTEER PAPERS.—1. PUERPERAL SEPTICÆMIA RESULTING IN PAN-OPHTHALMITIS.—By O. S. RUNNELS, M. D., of Indianapolis.—Mrs. H. H. Hanna, age 37. Leuco-phlegmatic temperament; light complexion, blue eyes, auburn hair. Has had three children, no miscarriages. Health prior to second birth, good. Laceration of cervix-uteri

occurred during second labor, followed by an attack of phlegmasia alba dolens. Health regained only after many months. Third gestation entered upon six years later. This was normal and uneventful till the eighth month, when she was shocked and most severely tried by a great sorrow, which depressed and taxed her sympathetic nature to the full.

The labor was completed naturally at term, the secundines being readily and completely removed. The lying-in progressed normally till the third day, when there was a sudden development of high fever—104½°—without chill or other premonitory symptoms. Lochia normal in amount and character, without odor, and there was no tympanitis or sensitiveness, pelvic or abdominal.

In a few hours the temperature fell to 100½°, but rose the following day to 103°. It receded suddenly as before and ascended to 105° on the fourth day, from which it fell quickly to normal, where it remained for five days.

All this was due, it was considered at the time, to *malaria*, inasmuch as there were no evidences of sepsis or inflammation, and the symptoms had disappeared so suddenly and completely. She sat up on the ninth day, and was considered out of danger.

During the evening of the tenth day her temperature rose to 99½°; on the eleventh to 101°; twelfth to 104°; thirteenth 104½; fourteenth, 105°; fifteenth and sixteenth, 105°; and on the seventeenth to 106½°. Meanwhile she was without chills or rigors; the lochia was scanty and without odor; no tympanitis; no uterine or abdominal tenderness; appetite fair, bowels normal, sleep good and pulse below 100. Involution was retarded, uterine depth 4¾ inches, and os patulous. The curette failed to bring to light retained shreds or any septic débris.

We had now entered upon a temperature-curve which was to continue for eighty days—the most of the time above 103°, and for nineteen days of the time 105° and above.

On the twenty-fifth day she complained of rheumatism in the left forearm and elbow, but without redness or swelling. This disappeared, measurably, in three or four days only to reappear in the right shoulder with paralysis of the deltoid. A slight, painless tumefaction could now be discerned in the left broad ligament. A week later, the shoulder remaining about the same, profuse lachrymation began in the right eye—great tears rolling down over the cheek almost in a stream. The next day the left eye did likewise.

Rapidly the conjunctivæ became dull, blood-streaked and puffy, and pan-ophthalmitis was diagnosed. Effusion rapidly took place, the lids quickly closed, chemosis was most pronounced and the conjunctivæ rolled out between the much swelled lids in a fold of greater diameter than that of a lead-pencil of ordinary size. This very marked œdema hid the eyes completely and lasted about ten days. When it subsided it was found that vision had entirely disappeared from the right eye and that she could discern a bright light but dimly with the left, when it was but eighteen inches distant.

The anterior tissues of both eyes seemed to have been untouched, except slight adhesions, both sides, between the iris and lens. The vitreous humor of both was densely clouded—a light-gray, pus-like, impenetrable mass. At the inner canthus, upper border, right eye, *upon* but not *within* the tunics, appeared a small abscess which, being lanced, discharged a few drops of laudable pus and which continued to run for perhaps twenty days. At the end of this time the left eye had almost, if not quite, lost its power of vision also. During all this progress of the eye-symptoms she was free from suffering about the head. A dull headache appearing late in the case was ascribed to the long use of the atropine collyrium.

Conjointly with the ophthalmitis reappeared the old phlegmasia of the left leg—"milk-leg"—of a very pronounced type. The limb was enormosuly swelled, very painful and very slow to change for the better.

With a crippled elbow, a paralyzed and painful shoulder, eyes shut and blinded, a bad "milk-leg," and a phenomenally high temperature, the case was most forbidding—dragging its slow length along from month to month.

The pulse ranged from 96 to 120, and the stomach received each twenty-four hours two quarts of milk, or its equivalent.

Small abscesses formed in the left broad ligament discharging per vaginum; in the left gluteus maximus, and in the right eye, as before noted. Convalescence has been very slow, but at the end of twelve months is complete. She never had better general health than now. She has fully regained her flesh; can walk a mile without great fatigue, and is menstruating regularly. There still remains a partial paralysis of the right shoulder.

Her right eye-ball is reduced about one half, the cornea and iris are normal, the cloudy appearance in the vitreous

is much less dense, but changed to a reddish-green tint. The left eye is slightly atrophied, but otherwise of normal appearance. Under favorable circumstances she can discern light-rays faintly, but is wholly without useful vision.

2. AMENORRHŒA WITH VICARIOUS HEMORRHAGE. By DR. SARAH J. MILLSOP, of Bowling Green, Ky.—*Case.*—The patient is a young mulatto woman, whiter than most white women.

She was married several years ago and gave birth to one child. Always been regular in her menstrual periods until two years before coming to me. At that time another colored woman stole her husband's affections from her and followed up the theft by attempting to cut her throat. She lost a good deal of blood from the wound. Her menses coming about this time, she says her physician gave her two kinds of bitter medicine to stop the flow, saying she had lost blood enough. The "bitter medicine" proved effectual, as she had but three catamenial periods in the two years following, at which times she suffered with severe pains in the back and pelvis. About two weeks before I saw her she felt all the symptoms of the approach of the menses, but instead of the usual flow she bled profusely from both nipples. The mammæ were painful and tender to touch before the hemorrhage. I found the uterus in a normal condition.

The patient complained of a throbbing in the temples at times; also of a dull headache, made worse by stooping, and attended with constipated bowels. Belladonna and bryonia relieved her wholly of these ailments. I then prescribed cimicifuga in a low potency. There was every indication of the natural appearance of the menses at the next month, but at that time she went out in the rain and got her feet wet, and no flow appeared. I continued the cimicifuga and the following month she had a more natural and profuse flow than at any time since her troubles began.

CORRESPONDENCE.

NEWTON HIGHLANDS, Mass., Feb. 3, 1890.

La Grippe made its appearance in Boston and vicinity about the middle of December and raged for five weeks before any diminution became perceptible. At the present

time it has almost entirely disappeared. Those who were first attacked generally suffered less severely than was the case with subsequent victims. The identity of this epidemic with that which was prevalent in Europe seemed to me at once evident. Some prominent physicians made haste to state, in the public press, that there was no such identity. It is probable that they had reason to modify their views after a better acquaintance with the facts as they developed. In Boston the death-rate rose to the highest point on record. In my own field of practice, which is ten miles west of Boston, I should think that 75 *per cent.* of the population would be a moderate estimate of the number attacked. Very few deaths, however, resulted in this immediate locality. A large number of cases fell to my share, with only one death—a feeble old woman, who succumbed to catarrhal pneumonia as a sequel.

It seemed to me that the epidemic presented two different types; that in which the catarrhal symptoms predominated, and that in which they were almost wholly wanting. The cases of this latter type suffered most severely from the nervous symptoms, and intolerable pains in head, back and limbs. Extreme prostration with total loss of appetite characterized almost all cases. A high temperature was the rule, frequently reaching 104°. A majority of the cases, where a physician was called promptly, were able to be out in two or three days, although complete recovery of strength was not reached for a week or two. There were a few cases of pneumonia and more cases of bronchitis noticed as sequelæ, but the ratio of these to the whole number treated was not large.

Quite a wide range of remedies was indicated and employed. The most frequently used were arsenic and eupatorium perfoliatum. After these, in the order of usefulness, followed bryonia, gelsemium and pulsatilla. It is a good many years since I read the remark of one of the old fathers, that "Arsenic is the king of remedies." While I have not much regard for royal prerogatives of any sort, the above quotation frequently occurred to me during the

prevalence of this epidemic. Arsenic brought speedy relief to a large percentage of the cases in which the catarrhal symptoms preponderated.

Observation convinced me of the great superiority of the homœopathic treatment over all other methods, whether expectant, heroic, stimulant, domestic or journalistic. The last named method, using remedies recommended in the daily press, is particularly objectionable, and yet seems to be on the increase. Quinine and other stimulants were nearly always hurtful, and tended to prolong the duration of the attack.

The baneful influence of quinine was noticable in a number of cases, where it retarded recovery and left the patient ready for relapses. This opinion on the action of quinine is the result of observation and not of experience. As one of our teachers used to say, "experience and observation are two very different things."

SAMUEL L. EATON, M. D.

Commencement Exercises

OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL—SESSION 1889–90.

The Thirtieth Annual Commencement Exercises of this favored institution were held, as usual, in the Grand Opera House, Chicago, at 2 P. M., of Thursday, March 20, 1890. The day was a beautiful one and the audience, consisting of the friends of the College and of the Class, was large and enthusiastic. The exercises were opened with prayer by the Rev. Dr. S. J. McPherson. Then followed a choice selection by the full orchestra, after which came the reading of

THE ANNUAL REPORT,

BY PROF. E. S. BAILEY, M. D., REGISTRAR.

Mr. President:— At the close of the thirtieth year in the history of this College and Hospital, it is a pleasure to say to the honorable Board of Trustees, and to the public, that the past year has been one of uninterrupted prosperity. This college year has furnished two courses of instruction, one a post-graduate course of four weeks' duration, which was attended by sixty-eight practitioners and students, and the regular Winter course, which commenced September 17, 1889, and closed to-day at noon. This last course has been attended by two hundred and fifty two students (252).

Not a few of those classed as students have formerly graduated at some other medical college, and have taken this session of lectures as a supplement to their previous courses, and to enjoy the superior clinical advantages that can be obtained here.

The students registered during this winter's session have come from all parts of the land. Twelve of them are here from the Pacific coast and ten from New England.

The Southern States have contributed a quota of six, and the Canadian boundaries have two representatives.

The lengthening of the lecture-course to a term of six months has taken place without friction, and is thoroughly satisfactory to both faculty and students. This College has also practically started on the advanced standard of requiring a longer course of preliminary preparation by reading and study, and three full courses of lectures of six months each.

I will add that the class-room work of the past session has been most interesting. The students have been enthusiastic in their work and have been most courteous and appreciative.

The clinical instruction has been more complete and thorough than at any other time in the history of the college. Seventeen regular clinical appointments have been kept for each week, and the material useful in these different departments has been largely in excess of that of former years. The hospital has been crowded during the winter months. Only once since its history began have as many patients been treated therein and that was immediately after the great fire when its doors were open to the Relief and Aid Society of this city.

Of the graduating class ninety-five of the 103 candidates have passed a satisfactory examination, and are cordially recommended to the Trustees as having complied in every way with the requirements of the college and the laws of the State of Illinois, and, Mr. President, we are assured it will be your pleasant duty to confer upon each the degree of Doctor of Medicine and Surgery.

LIST OF THE GRADUATES.

Alexander, Arnold,	Iowa.
Atwood, Harry A.,	Minnesota.
Baldwin, Amos H.,	Missouri.
Bennett, D. Gates,	New York.
Bingham, Russell,	Florida.
Boettcher, Henry Rudolph,	Kansas.

Boericke, Felix A.,	Illinois.
Bothwell, Roy Sunderland,	Illinois.
Brabb, Alice A., *ad enudem.*	Michigan.
Buchtel, Irven O.,	Indiana.
Burch, Herbert Corydon,	New York.
Butler, J. P.,	Michigan.
Cadwell, Chester Tupper,	California.
Carpenter, William E.,	New York.
Chipman, Herbert A.,	Wisconsin.
Conger, Theodore H.,	New York.
Conner, Virgil Walter,	Indiana.
Cory, Harvey W.,	Indiana.
Covey, Alfred D.,	Michigan.
Crawford, Daniel H.,	West Virginia.
Cronemiller, Mary M.,	California.
Davis, Fred H.,	Vermont.
de Haven, Lucie G.,	California.
Deweese, Jean E.,	California.
Draper, W. Levell,	New York.
Dunks, William C.,	Michigan.
Durkee, Esther Minerva,	Michigan.
Eshelman, G. Cloud,	California.
Fruit, Walter Eliott,	Illinois.
Fuller, Edward M.,	Massachusetts.
Garner, John Q.,	Illinois.
Gibbs, George L.,	Wisconsin.
Goodrich, Mary Adeline,	Illinois.
Goss, Alice M,	California.
Haas, Homer Corwin,	Indiana.
Haight, N. Herbert,	California.
Hall, Abbie Gale,	Illinois.
Harris, Georgianna Warren,	Massachusetts.
Harrison, Anna,	Nebraska.
Hawes, Arthur B.,	Minnesota.
Henn, Charles Max,	Illinois.
Herkimer, George R.,	Michigan.
Honberger, Frank Henry,	Illinois.
Jackson, William S.,	Kansas.

JONES, CHARLES S.,	Illinois.
KINYON, HENRY E.,	Nebraska.
KJELLBERG, EMIL,	Illinois.
LAIN, RACHEL B.,	Pennsylvania.
LOVE, FRANK S.,	Michigan.
LYNCH, HELEN M.,	Illinois.
MACMASTER, MARIAN HULL,	New York.
MAGUY, FRANK A.,	Illinois.
MALOY, SARAH E.,	Illinois.
MCMICHAEL, ORVILLE WINTHROP,	Illinois.
MILLARD, HOMER A.,	Missouri.
MESSNER, ALBERT F.,	Ohio.
MINER, HARRIET A.,	Illinois.
MOORE, N. LORELLA,	Indiana.
MOTH, MORRIS J.,	Illinois.
MUNSON, HENRY O.,	South Dakota.
NICHOLS, F. E.,	Illinois.
NICKLAS, GEORGE L.,	Wisconsin.
NUTTING, WILL WALLACE,	North Dakota.
OAKSHETT, JAMES CHARLES,	Illinois.
OUSLEY, LINNIE M.,	Indiana.
PARKS, DOAN,	Illinois.
PEEBLES, GEORGE R.,	Iowa.
PERKY, LENORE,	Nebraska.
PIERCE, O. FRANK,	Illinois.
RANSOM, CHARLIE C.,	Illinois.
RICHARDS, S. S., *ad eundem*,	Ohio.
ROBERTS, DWIGHT JAY,	California.
ROBERTS, L. M.,	Illinois.
RUNNALS, ADA B.,	New York.
SCHROTE, J. L., *ad eundem*,	Ohio.
SEARS, ALBERT H.,	Indiana.
SHEPHERD, BELLE HEDGE,	Alabama.
SHIBLEY, MARY C.,	Illinois.
SOULE, ISAAC CLARK,	Nebraska.
SPAWN, MYRON G.,	Illinois.
STAPLETON, J. S.,	Michigan.
STEWART, WILLIAM F.,	Indiana.

Stewart, W. R.,	Indiana.
Storke, Albert French,	Wisconsin.
Straub, Effie T.,	Pennsylvania.
Strong, Ralph Wheeler,	Colorado.
Swan, Charles Joseph,	Pennsylvania.
Sweeting, Sherman Clapp,	New York.
Taylor, Oliver J.,	Kansas.
Tuttle, Frances C.,	Connecticut.
Walters, Frank A.,	Montana.
Whittlesey, June Adaline,	California.
Willy, Milo A.,	Dakota.
Winget, Stephen E.,	Pennsylvania.
Williams, Olin A.,	Pennsylvania.
Woodman, Julia Frances,	Massachusetts.

THE CONFERRING OF THE DEGREE.

BY DAVID S. SMITH, M. D., PRESIDENT.

The members of the Graduating Class having been called upon the stage in three separate groups by the Registrar, the president of the college and hospital proceeded in a few well-chosen and earnest words to confer the coveted degree upon each and all of them "in the name and by the authority of the great State of Illinois." After the most hearty applause by the audience, the distribution of bouquets, another charming musical selection, President Smith congratulated the young doctors upon the accomplishment of their purpose, and upon their excellent prospects in entering the profession at such an auspicious time. He closed with expressing the hope that they would strive to follow the example of the "Great Physician," and so would prove an inestimable blessing and benefit to suffering humanity, wherever their lot might be cast.

ADDRESS TO THE GRADUATING CLASS.

BY REV. SIMON J. McPHERSON, D. D.

Ladies and Gentlemen:

The first privilege of an invited speaker on a gala day like this is to present his congratulations. Grant me, then,

the pleasure of congratulating the members of the graduating class, who from this Nebo to-day, view their promised land and, unlike Moses, see no barrier to its possession. With much consideration I congratulate the prize-winners who, at the outset, have achieved distinction, the augury, let us hope, of favored careers. I congratulate this esteemed Faculty upon adding another attractive milestone to the honorable history of Hahnemann College. May I not also congratulate the community at large upon the new recruits to that profession, which, in spite of much friendly chaffing, is without a superior among us for humanity and beneficent usefulness? We laymen really agree with Byron :

> "Physicians mend or end us
> Secundum artem : but although we sneer
> In health ; when ill, we call them to attend us
> Without the least propensity to jeer."

Ladies and gentlemen of the graduating class: You have earnestly looked forward to this ardent anniversary occasion. However slight the notice taken of it by the great world outside, it is a red-letter day to you and yours.

It is a day of joy. You have not been "plucked ;" I see the diplomas ready to be placed in your hands beyond recall. You are safely doctored now yourselves and prepared as safely, I must hope, to doctor others. The long, hard, preparatory "grind" is over, and the longer, harder "grind" of practice does not look very formidable from your present standpoint. All that you ask, and perhaps all that you are likely to get at first, is an office, a "shingle," a fair spouse and a fair chance. You may now take a little interval of rest, but not a long one if you are to keep out of the way of the next class, and none at all if you have been constitutionally restful all along. You can perhaps bid a tearless farewell to your boarding-house beef-steaks, cheerfully leaving future victims to exclaim : "Oh, that this too-solid flesh would melt." Each of you, I hope, or possibly an occasional pair of you, can look forward to the making of a sweet, comfortable home of your own, and to the sweetening and comforting of many other homes.

It is a day of pathos and the bitter-sweet of parting. Most of you will quit Chicago; may your income enable you to return for the World's Fair! Pleasant companionships will be interrupted. You will scatter, not to meet again as a full class until the last solemn roll-call is heard. You must here leave your youth behind you as a memory, which will continually grow greener, like a grave. You have long demanded to be called women and men. May it not displease you hereafter when the world demands that you be women and men, and refuses to let you plead the baby act ever again. Bravely burning your bridges behind you, you must now face maturity with all its unfamiliar and mysterious responsibilities.

It is, I may add, a perilous day. Some foreign universities call it commemoration day—the celebration of a completed course of study. But it is much more than that. We call it by the better name of commencement day—the open door into a larger education. It should emphasize the fact that education can never be "finished" on earth. Graduation ought to mark just one advancing step in education. Yet how often it is misused by conceited students to intimate an end of all perfection—and of themselves. The field of science never had a fence, and it is growing larger every day. A doctor continues to be a learned man only as he continues to be a learner. The world is going to judge you by a far severer standard than that of your college, or indeed of any other. It will not let you rest on your past laurels. It will care little for your diplomas or even for your prizes, if you do not keep abreast of advancing science and prove yourselves able at every call to do its work and relieve its suffering. It may be safe to dissect a dead man, whom nothing can hurt; it is more dangerous to treat the mortal, living man, who struggles with disease. It is much easier to sit as "passive buckets" in the class-room than to assume the sole, active responsibility of the sick-room. It is one thing to be a theorist in medicine or anything else, and quite another thing to be a successful practitioner. Hence, the order of rank in which

you are standing to-day may be a good deal changed within twenty years. There are first that become last, and there is still a chance for those who are not prize-winners.

In my early boyhood we had a pragmatic, theorizing, book-bound family physician—of course, not of your school, you will think—who, my mother says, encouraged her to begin wearing false teeth. For all his learning, he seemed to find only one organ in the body—the liver. What I have heard called his diagnosis always indicated calomel; and calomel must cure nearly every one of his patients that it did not salivate or even kill. Well, he reduced his exchequer by filling mother full not only of calomel but also of violent prejudices in favor of homœopathy. I devoutly hope that you have no such impracticable theorists in your "school," but I may be allowed to have some doubts about it.

Microbes, I hear, are the favorite "fad" of some physicians now. I can conceive of a physician who stocks his laboratory with healthy young microbes in all stages of development, and who can kill a rabbit with them infallibly, by the clock, as the astronomer predicts an eclipse. But let me say to you confidentially that we laymen want a doctor who can catch and kill microbes in the sick. It reminds me of a very bald-headed man who recently sat in a public audience. He kept meditatively scratching the thin, broken periphery of hair that skirted the back of his head. He returned frequently to the charge as though he knew just what and where the microbes were, but not how to capture them. Presently he began systematically raking the hair with upward strokes. At that point a friend, who sat behind watching him, leaned over and said: "That's the right method of treatment, John; drive 'em up into the clearing, and you can catch 'em." So I say, *catch* the microbes.

Practice and not theory! No doubt you felt that these final examinations were hard; but every time you visit a new patient you must face a harder examination—a test which will require you not only to possess but to apply the

whole circle of that knowledge which you ought to have. Yes, this is your *commencement* day.

When I had the honor of addressing one of your graduating classes three or four years ago, I dwelt upon the necessity of *loyalty* in the physician. I may repeat that counsel. Be loyal to that which is best and highest in yourselves; loyal to your faithful *alma mater*, to her interests as well as her instructions; loyal to your profession, sincerely believing and practicing what you profess and preach; loyal to the noble code of medical ethics, which lifts you out of the ranks of mere money-makers into those of a humane profession; loyal to your patients, and to mankind at large; and loyal to the Divine Author and Giver of life. Loyalty is an essential element in manhood, which is quite as important to you as technical knowledge.

Personality, manliness, character, counts for much in us professional men. While a business man may be willing to sink his individuality in an impersonal company because his success depends upon what he *does*, I observe that lawyers and doctors always insist upon their own names appearing on their signs, because their success turns on what they *are*. If two or three of them practice together it is not as "Dr. Smith & Co.," but as Dr. John Smith, Dr. James Brown and Dr. Wm. Robinson. The world wants to know the man as well as the doctor and the school of medicine. The man or the woman is rightly first. Beware of slumping into mere professionalism.

I wouldn't employ a fool or a scoundrel even if his personal preceptor had been Æsculapius, or, as you would prefer to say, Hahnemann. Every time a medical class graduates I expect to see the streets of Chicago shining with new silk-hats. That's right. Respect yourself. Wear good clothes, if you can; wear clean clothes, anyhow. Cultivate a courteous address. If you smoke, change your coat before you answer a call. But above all develope a sound, strong character, which will be worthy of the most refined homes, and refining in the most unworthy ones, and which will neutralize the narrowing tendencies and besetting sins pecu-

liar to yours as to every profession. That will require care, but it will soon render advice unnecessary. It will exact courage—courage to be always Dr. Jekyl and never Mr. Hyde—courage which is not the pretentiousness of a mouthing Falstaff, but the quiet, stout-heartedness of Pilate's great Prisoner. Cherish the fortitude that resists every assault with unbroken spirit, the wise valor that never strikes an unnecessary nor an unsuccessful blow, the intrepid bravery that perceives victory through the thickest smoke of every battle, the adventurous gallantry that precedes all friendships and anticipates all enmities by forgiving them. Have faith—faith in something, faith in the best things. Have faith in your chosen line of work, faith in men, faith in God. You have read Charles Dudley Warner's "A Little Journey in the World?"

Then you know Carmen Eschelle, who spent one week in mind-cure and another in faith-cure, and found out about both. The difference, she said, is this: in mind-cure one requires no faith, and in faith-cure no mind. Then you can no more follow mind-cure or faith-cure, than you can follow patent nostrums. For you will require to use both mind and faith. It makes no difference, and I will not tell you what I believe about it, but it is better for you to have even a little genuine faith in homœopathy than the greatest skepticism about "the old school;" and better for both of us to have some real faith in God and men than to flourish gigantic doubts about men and devils. Doubt is paralyzing; faith is vitalizing. Doubt may break down error and expose vice; but faith is necessary to equip life and to furnish forth truth and enthusiasm. Doubt may be a station where we must spend an occasional night, but faith is the daylight and the home of the soul. Like Adam Bede, be as reverent in the region of mystery as you are keen in the region of knowledge.

I close not as I began, with congratulations only, but also with thanks for your patient attention and with the best of good wishes for your future welfare. I hope that you may

all be highly prospered; and may the Lord have mercy on your own souls and on the bodies of your patients.

THE PRESENTATION OF PRIZES.

Two prizes were offered and awarded, at the hand of Prof. Ludlam:

That for the best general examination in all the branches, the D. S. Smith prize of $50 in gold was given to Mary C. Shibley, of Illinois; and that of $25 in gold for the second best general examination, was taken by Herbert A. Chipman, of Wisconsin.

Honorable mention for excellence in the final examination was made of George R. Peebles, of Iowa; F. H. Honberger, of Illinois; Helen M. Lynch, of Illinois; W. L Draper, of New York; Abbie G. Hall, of Illinois; C. J. Swan, of Pennsylvania; H. C. Burch, of New York; Effie T. Straub, of Pennsylvania; Harriet A. Miner, of Illinois; Irvin O. Buchtel, of Indiana; Frances C. Tuttle, of Connecticut; N. Lorella Moore, of Indiana, and George L. Nicklas, of Wisconsin.

The appointments for the Hahnemann Hospital for the ensuing year were as follows: For house physician, N. Herbert Haight, M. D., of California; for house surgeon, H. R. Boettcher, M. D., of Kansas.

The Halsey Bros. annual prize given to the Junior student who received the highest mark in the junior examinations was this year awarded to Abbie G. Hall, of Illinois.

Prof. W. J. Hawkes also gave a special prize to the student who had made the greatest number of correct prescriptions in the medical clinic during the winter. F. H. Honberger, of Illinois, was awarded this prize on a perfect mark.

W. E. Fruit, of Illinois, and F. A. Walters, of Montana, were honorably mentioned.

THE ANNUAL MEETING OF THE ALUMNI ASSOCIATION.

The seventh Annual Meeting of this flourishing Association of the Graduates of the school, was held in the club-room of the Palmer House, on Wednesday evening, March 19th. The attendance of out-of-town members was larger than ever before, and the enthusiastic manner in which the interests of the Society were discussed and disposed of was most gratifying and encouraging. Every one present was especially interested in Prof. Bailey's remarks concerning the growth of the old college, its development in the direction of supplying the means for a more thorough scientific training and for the improvement of clinical advantages, as they are becoming much more abundant than ever before. An informal discussion of the condition of the hospital, the plans and prospects for the new building and its claims upon the graduates of the school for more hearty contributions, drew forth the most encouraging expressions from many of those who were present. These matters over, the members listened to the following

ADDRESS BY THE PRESIDENT, F. W. GORDON, M. D.

Ladies and Gentlemen of the Alumni Association: It is with feelings of profound gratitude that I appear before you to-night and again thank you for the high honor bestowed upon me, and with feelings of regret also that I cannot better fulfill the duties devolving upon one occupying so important a position. Trusting, however, that there is sufficient earnestness on the part of each member to promote the interests of the Association to enable him to overlook any short-comings on my part, I am encouraged to enter upon the duties of Presiding Officer.

I shall occupy but a few moments of your time in presenting some thoughts suggested by the fact that our honored Alma Mater has now reached its thirtieth milestone, or in other words, "Thirty Years and its Sessions." It is safe to conclude that none who were instrumental in founding and perpetuating "Old Hahnemann," as we have long been pleased to call it, ever dreamed of the success that has thus far attended it, and of the immeasurable influence

and power it has wielded in this country and the Old World, in fact, in moulding medical sentiment and relieving suffering humanity.

It was my fortune to be among that small number who first entered its portals and listened to the teachings of those whom we still delight to honor. The ravages of time, however, are strongly visible here, as in other walks of life. We listen no more for the footsteps of some who were wont to go in and out before us, but still delight to honor their memories.

Of the original number but two remain to cheer us on with their sunny faces and encouraging words. The total number of students in attendance upon that first course was twenty. The facilities for obtaining a medical education were greatly limited as compared with those of to-day, and the standard for graduation considerably lower. That the standard has gradually been elevated from year to year is a striking mark of progress, and is highly encouraging.

As has been said of the demands upon this generation in general, the same is particularly applicable to the domain of medicine, viz: that to be abreast with those who preceded us is not sufficient; but with their light to guide us we are expected to occupy still more advanced positions, and thus be enabled not only to do more for those in distress, but also to serve as stepping stones to higher planes for those who are to follow.

It is useless for me to enumerate the wonderful advancements made in the scientific world on every hand during the last thirty years. While our particular line has not been pushed forward in some respects as it should have been, in others the progress has been marvelous and, all in all, exceedingly gratifying.

In the light of the quarter of a century just passed, what are we to expect for 1925? Some now before me will be able to stand before this Association—which I trust will grow brighter and brighter as generations roll on—and review its history to that time. But alas! many of us will have accomplished our work, and will have passed off the stage to make room for the on-coming graduates.

Thirty years ago, physicians had but little opposition or competition as compared with to-day. On this account, there was much less to stimulate to closer study and application. There were not as many practitioners in proportion to the inhabitants, and the common people were more ignorant concerning diseases, consequently much less in-

clined to abandon one physician for another, or censure them for apparent lack of skill, or success.

The time having arrived when so much is expected of physicians, amid such sharp competition and cutting criticisms, the lessons to be heeded are as clear as was "the handwriting on the wall" to Belshazzar. We must fight if we would win; must be life-long students; must be courteous and kind, and ever ready to relieve suffering humanity, whether in hovel or palace. This is not only a necessity, in order to financial success, but also that we may keep pace intellectually and socially with those with whom we come in contact.

To maintain the high standing demanded of physicians of to-day, it is of the greatest necessity that only such students as are thoroughly educated, and who give evidence of possessing sufficient physical strength as well as natural ability in that direction, should be encouraged to take up the study of medicine. If practitioners throughout the country would observe this rule—and it is clearly their duty to do so—there would be less demand for State legislation, and little difficulty in maintaining high standards, to say nothing of the benefits that must inevitably result to all concerned.

I think it is generally conceded, that the medical profession in this country is over-crowded, hence the necessity of accepting only such students as give promise of high attainments and natural adaptation for the particular branches sought.

According to one of our Chicago journals, "the coming doctor is a Christian gentleman. Every doctor should be a Bible Christian. It does not matter what church he may belong to, but he should be a genuine Christian. Then he will be right on the questions of morality and temperance. He is one who has a good common education, has studied or read medicine three years, then attended two or three full courses in a good medical college, and graduated. The doctor will at all times continue his studies of medical and common sciences; not meddle with politics or local issues, nor make a specialty or hobby—eye and ear excepted—of any one thing. He dresses well; neat and clean; keeps his office in a neat and clean condition, where ladies are not ashamed to be seen. He is courteous and gentlemanly, and will with great care examine his patients thoroughly before he makes his diagnosis, prognosis, or prescribes his treatment. The coming doctor will be strictly

honest and truthful, reproving all immorality, and especially all uncleanliness among patients. He will carry and dispense his own remedies purchased from a reliable druggist, testing each remedy as far as he can, whether it is pure and reliable. He will treat his neighboring physicians, no difference to what school they belong, with gentlemanly respect; will not refuse to consult with any respectable physician."

Is the above an overdrawn picture? I answer no. The coming physician must be all that and more. The last thirty years has witnessed much progress in this direction. The day is fast waning when long-haired pretenders and whiskey imbibers can be looked upon as possessed of more skill in the healing art than the educated physician. Even now it is not difficult to see that the slouchy, uncleanly tobacco-cursed member of our noble calling is fast losing ground, and ought to. His conduct belies his profession and is a standing menace to his success and usefulness.

Let us not deceive ourselves, but profit by the past and take warning for the future. For mark: those who cross the threshold of the twentieth century heedless of these things will be distanced in the race. Contrast for a moment the demands upon physicians of to-day with those of 1860, and then in the same proportion consider what it will be in 1920, and we are at once forced to conclude that progress is the watchword; that greater heights are to be scaled even in our day, not alone in the field of medicine, but in all departments of human industry, and that the twentieth century is destined to reveal to future generations what the mind of man cannot yet conceive of.

In order to accomplish our mission to the fullest extent as citizens and physicians it is necessary to cultivate social as well as intellectual habits. It is impossible to keep pace with the progress of civilization without mingling with those about us and interesting ourselves in the various societies and means of whatever character calculated to refine, elevate and instruct. Especially should we aid all efforts that tend to promote hygienic measures, thereby protecting communities and the State from wide-spread and destructive epidemics. While thus striving to aid all laudable enterprises—in a word, endeavoring to be good citizens—we must not forget that it is our especial duty to ally ourselves with such medical societies as are within our reach. If such means are lacking, steps should immediately be taken to organize some local or State society. Such

helps are indispensable. They aid us socially, intellectually and financially. They serve to stimulate, to encourage, to enlarge our spheres of thought and action. They also tend to make us more unselfish, more cheerful and more healthful, consequently better physicians, better men and women.

Thirty years ago, if I am not mistaken, there were less then a half dozen medical societies in the United States. There are now probably not less than one hundred. They are to the busy practitioner what the "Quizz class" is to the student, and should receive the hearty support of every physician.

Our medical journals, too, must not be overlooked. Contrast the numerous able and instructive journals of to-day with those of thirty years ago, and note the difference. If it is true that we have greater opportunies for progress and success than in 1860, it is also true that we have demands proportionate to such opportunities, so that our labors and responsibilities are enhanced, rather than curtailed.

As Homœopaths, we occupy an advantage not enjoyed by our opponents, in that we have a fixed law of cure, a beacon light to guide us. While they ostensibly disclaim any such law, they practically acknowledge it through press and prescription.

However, it is not for us to spend our time in efforts to convince them of their errors, or to reform them. While we oppose much that they advocate, there are at the same time measures to be commended. Old-School medicine is not all a farce, and if we would be thoroughly equipped we must study their journals and methods as well as our own. A sensible man will not forget that he is a physician. This allows him to choose from the vast domain of therapeutics any successful remedy, by whomsoever discovered or recommended. While it is ever our duty to treat our opponents with courtesy and respect, it is also our duty to stand firmly and unitedly against any and all efforts to deprive us of our rights. It is easy to perceive that united efforts are being constantly put forth by the Old School societies to bring about unfavorable legislation and every means possible used to place us at a disadvantage.

The Homœopathic profession is willing and ready to unite with them in securing proper legislation, eliminating quacks and impostors, maintaining boards of health, State boards of examiners, &c., but it is not ready or willing to be swallowed bodily, or to surrender its legal rights and

privileges. I fully indorse the resolutions passed at the last session of the American Institute of Homœopathy, to the effect that wherever State boards of examiners are established, each school should have its separate board, for in no other way is it possible to deal fairly with all concerned.

While ever on the alert to defend our rights from whatever source of opposition, let us not forget to pull together in all that tends to improve and elevate. Let us never forget our honored Alma Mater nor the interests of this Association.

You are all doubtless aware that much talk has been indulged in and some efforts put forth toward the establishment of a hospital that shall perpetuate our name and live to bless future generations. It seems to me that the time has come when something should be done looking to this end. In conversation with one of our honored teachers some time since it was suggested that a site might be secured on a long lease, thus obviating any great outlay on the start and enabling us to make a beginning toward the erection of buildings at an early day. Whether such terms can be secured, I know not; but if so, does it not seem practical and well worth considering?

I am also informed that another large and thoroughly equipped hospital is likely to be numbered among the many charitable and admirable institutions of this great and progressive city in the near future. It is not improbable that some arrangement can be made whereby a portion of said hospital may be dedicated to the use of this society and the perpetuation of Homeopathy in general.

In view of this I would suggest that a committee be appointed to investigate the matter thoroughly and report to this society as soon as practicable. While it is true that many can give but little, yet I feel safe in saying that there is scarcely one now living of the more than sixteen hundred graduates, whose heart does not pulsate warmly toward its Alma Mater and who would not be glad to have some humble part in the erection of a monument in the shape of an institution that will not only honor those now living, but that will live to shelter and care for the needy and destitute as well as to perpetuate our memory to generations yet unborn.

To all not members of this association I would extend an earnest invitation to join. We need your sympathy and your aid. All should have a part in so noble a cause, one

that can but result in great good to mankind, but will also serve as an example worthy of imitation by all who come after us. As friends, as physicians, as citizens, let us act well our part. Thus will we verify the beautiful lines of the poet: "It is not all of life to live, nor all of death to die."

LIST OF OFFICERS FOR 1890—91.

President—DR. O. W. CARLSON, Wis.; *First Vice-President*—DR. BELLE L. REYNOLDS, Ill.; *Second Vice-President*—DR. J. M. EBERSOLE, Ill.; *Secretary*—DR. R. LUDLAM, JR., Ill.; *Treasurer*—DR. H. R. CHISLETT, Ill.; *Necrologist*—DR. E. S. BAILEY, Ill. *Executive Committee* — DR. FELIX BOERICKE, DR. JOSEPH P. COBB, DR. E. D. SCOTT.

THE RECEPTION AND BANQUET.

The Thirtieth Annual Reception and Banquet to the Alumni and Graduating Class was given at the Palmer House on the evening of March 20th. The company was large and brilliant, and everybody was delighted with everybody, and with everything. President Smith presided, and all "went merry as a marriage bell." The following is the

ORDER OF TOASTS:

SAMUEL HAHNEMANN.

"Here's our chief guest. If he had been forgotten
it had been as a gap in our great feast."

OUR VETERANS. PROF. D. S. SMITH, M. D.

"But if you'll prosper, mark what I advise,
Whom age and long experience render wise."

OUR PATHY. PROF. W. S. GEE, M. D.

"O, truth divine, enlightened by thy ray,
I grope and guess no more, but see my way."

OUR COLLEGE. PROF. T. S. HOYNE, M. D.

"First in numbers, first in progress,
And first in the hearts of its alumni."

OUR SONS. PROF. H. V. HALBERT, M. D., '87.

"He was not merely a chip of the old block,
But the old block itself."

OUR DAUGHTERS. BELLE L. REYNOLDS, M. D., '80.

"Of graduates, I dislike the learned rout,
And choose a female doctor for the gout."

OUR LATEST. MARY C. SHIBLEY, M. D., '90.
"O, charming youth, in the first opening page,
So much wisdom in so green an age,"

OUR FACULTY. PROF. W. J. HAWKES.
"O, ye who teach the ingenious youth of nations,
Holland, France, England, Germany and Spain."

OUR FRIENDS. REV. J. LL. JONES.
"Heaven gives us friends to bless the present scene."

OUR EDITOR. PROF. R. LUDLAM.
"Of all those arts in which the wise excel,
Nature's chief masterpiece is writing well.

OUR HOMES. ORCHESTRA.
"Home, Sweet Home."

And so ended the thirtieth anniversary of the Hahnemann Medical College and Hospital of Chicago.

Miscellaneous Items.

We are pained to record the death, March 17, of the Hon. J. Y. Scammon, æt. 78, the patron of the Hahnemann Hospital, and from the beginning a member of its Board of Trustees.—Our old friend, Dr. George W. Barnes, also passed away at San Diego, Cal., February 13.—The Indiana Institute of Homœopathy meets May 14 and 15 at Indianapolis, and the Hahnemann Medical Association of Iowa at Sioux City, May 21–23.—The beautiful galvano-cautery shown on page 133 of our last issue should have been accredited to Prof. Dunn.—Prof. Gee is ill in Denver, Prof. Crawford ditto in Hamilton, Ont., and Prof. Leavitt has sailed for Europe for a needed rest and recreation; the rest of us are working like slaves to "hold the fort."—Dr. Jas. C. Oakshett has located at 1305 West Madison street. —Dr. Fred. Stevens was married March 17 and will settle in Portland, Oregon.—Dr. J. C. M. Drake, one of our old and best boys, has been appointed Surgeon of the U. S. Marine Hospital at Erie, Pa.—The Commencement exercises of the "old Hahnemann" passed in the most agreeable manner, to the satisfaction of all concerned.—Rev. Dr. McPherson's Address to the Graduates, printed in this issue, is worthy of special notice, and will undoubtedly be read and remembered.—The Bureau of Diseases of the Eye and Ear, Prof. Watry, chairman, will report at the next meeting of the Clinical Society, April 26.—The usual dinner to the retiring and the incoming house physicians and surgeons of the Hahnemann Hospital was given by Profs. Shears and Ludlam at the residence of the former, the heads of the clinical departments in the Hospital being present.—Drs. Hanna and Hoey will locate in Chicago, and Drs. Haight and Boetcher are already up to their eyes in hospital work.—About forty students are holding over because of the clinics.—Our readers must wait a little, and

patiently too, for the details of the new hospital enterprise, which is materializing rapidly.—Don't fail to note the report of the Surgical clinic for the last year, which is a part of Dr. Shears' paper presented to the Clinical Society, at page 184; and don't forget the meetings of the various State Societies here and there next month.—Dr. Frank B. Dake, son of our old friend Dr. J. P. Dake, of Nashville, Tenn., has located in Chicago as a specialist in Skin, Venereal and Genito-urinary diseases.—Of the recent graduates Drs. H. A. Atwood locates at Auburn Park, Ill.; F. A. Maguy at Kensington, Ill.; W. B. Hanna at 43d St. and Langley Ave.; Issac C. Soule at Pullman, Ill.; H. C. Haas at Blue Island, Ill.; and John Q. Garner at Perry, Ill.; while Dr. W. F. Stewart succeeds to the practice of Prof. Dunn, at Wabash, Ind.; and Dr. G. R. Peebles is associated with Prof. Shears.—The Homœopathic Hospital at Melbourne, Australia, invites applications for the position of second Resident Medical Officer, the salary to be $750 per annum, with board and quarters, and the candidates may address E. A. Bennett, Secretary, before July 31, 1890.—W. T. Keener, of 96 Washington St., has published a second and illustrated edition of the work upon "Rectal and Anal Surgery, with a description of the secret methods of the itinerant specialists," by Prof. Edmund Andrews and Son, of this city.—The same enterprising publisher has issued a volume of "Memorial Sketches of Doctor Moses Gunn, by his wife," which some of our friends who knew the distinguished surgeon will be glad to read.